



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING
FEBRUARY 14, 2019

Supporting the following two bills:

Proposed S.B. No. 330: AN ACT ESTABLISHING A HUMAN RIGHT TO
EQUAL ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF
HEALTH and

Proposed H.B. No. 6096: AN ACT RESTRAINING CHANGES TO HEALTH
INSURERS' PRESCRIPTION DRUG FORMULARIES.

Opposing: Proposed H.B. No. 6095: AN ACT MODIFYING REQUIRED
HEALTH INSURANCE COVERAGE FOR DETOXIFICATION.

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Senator Lesser, Representative Scanlon and distinguished members of the
Insurance and Real Estate Committee:

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their

approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

My statement submitted today in support of these bills (numbers 7 and 22 on the committee's agenda) is based on support of legislative proposals that will increase access to care and to the supports and services that people with disabilities, including mental health conditions, to live and thrive in our communities. It is my belief that health care should be considered a legally-enforceable human right, and access to care should be universal. For this reason, I support Senate Bill 330.

HB 6096 proposes limits on when an insurer can change their drug formularies in the middle of a plan year. I am not sure that the restrictions outlined in this bill are a sufficient restraint. Insurance companies do not cover anything that is not determined to be medically necessary. The company's appeals process is the way to address that decision, not switching the drug to a higher tier or removing it from a formulary. Many medications are used "off-label" to successfully address medical conditions that permitting an insurance company to change formularies mid-year (for any reason, including the reasons listed in this proposal) may mean that people could lose coverage for a medication that's working for them. If they want to stay on that drug, they could potentially incur huge out-of-pocket costs. People make choices each year about the insurance policy that works best for them based on what the plan says that it is going to cover, including its drug formulary. The plan should therefore be required to maintain that coverage during the term of the plan.

HB 6095 seems to be an overly complicated and unnecessary modification of Connecticut laws regarding insurance coverage for detoxification treatment. The current statutes (C.G.S. Sec. 38a-492p) say that insurance companies "shall cover medically necessary, medically monitored inpatient detoxification services and medically necessary, medically managed intensive inpatient detoxification services." There may be an inadvertent error in the existing statute, which I recommend fixing – this should probably say "medically necessary, medically managed intensive outpatient detoxification services" – but putting in a laundry list of "not fewer than" certain kinds of services and "not more than" other kinds of services seems more than what is needed to address that error.